



Immunization Update

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STATE NEWS

Volunteers Needed NOW for Influenza Surveillance

Did you ever wonder how the Centers for Disease Control and Prevention (CDC) and state and local public health know when influenza activity begins, peaks, and ends? Or how they know what influenza viruses are circulating in your community and if they match the vaccine strain or are resistant to antivirals? They rely on the front-line medical providers, influenza sentinels, who volunteer to report office visits due to influenza-like illness weekly and collect clinical specimens from a subset of those patients for respiratory virus culture at the MDCH laboratory. In appreciation of their efforts, sentinels receive free laboratory testing for 11 specimens per site per season, weekly influenza reports and free hard-copy subscriptions to the CDC Morbidity and Mortality Weekly Report (MMWR) and Emerging Infectious Diseases Journal. Sentinels that report regularly throughout the flu season will also receive free registration at one of eight MDCH Regional Immunization Conferences in fall 2008.

New sentinels are urgently needed for the upcoming flu season. Medical providers of any specialty (e.g., family medicine, internal medicine, pediatrics, infectious disease) in nearly any setting (e.g., private practice, public health clinic, urgent care center, emergency room, university student health center) can be sentinels. Contact Rachel Potter at 517-335-9710 or potterr1@michigan.gov for more information or to enroll now.

Flu Folder Coming Soon to the AIM Toolkit Website at www.aimtoolkit.org

The Alliance for Immunization in Michigan (AIM) is developing an influenza folder for the 2007-2008 flu season. The contents of this folder will include:

- Recommendations and guidelines, including Vaccine Information Statements (VIS), Advisory Committee on Immunization Practices (ACIP) recommendations, flu pocket guides, flu vaccine product information, screening tools, and more
- Resources, such as Michigan Care Improvement Registry (MCIR) access and information, Influenza Vaccine Exchange Network (IVEN) fact sheets, MDCH resources such as the Flu Sentinel program, Flu Advisory Board (FAB) and FluBytes newsletter, the [American Lung Association Flu Clinic Locator](#), Vaccine Injury Compensation Program (VICP), and Vaccine Adverse Event Reporting System (VAERS) information
- Immunization information for children and adolescents, including vaccine administration records, screening tools, standing orders, Vaccines for Children (VFC) guidelines, and strategies for childhood and adolescent immunization
- Immunization information for adults, such as vaccine administration records, screening tools, standing orders, and strategies for adult immunization
- Immunization information for health care personnel (HCP), including ACIP recommendations, declination statements, and sample posters and toolkits for improving HCP vaccination rates
- Promotional/Educational Materials, such as posters from the Centers for Disease Control and Prevention (CDC) Flu Gallery, MDCH pamphlets and posters, National Influenza Vaccination Week (November 26 - December 2, 2007) information, and other flu-related educational pieces and websites

The Flu Folder will be posted at the AIM Toolkit website at www.aimtoolkit.org upon completion. It is scheduled to be completed sometime in October.

Paper Copies of the AIM Toolkits are Still Available

Paper copies of the AIM Toolkit can be ordered at www.healthymichigan.com. You may also call the clearinghouse's toll-free number (1-888-76-SHOTS). There are still a lot of 2007 AIM Toolkits available at the clearinghouse.

Please note that the Flu Folders are not included in the paper copies of the AIM Toolkits.

Michigan Advisory Committee on Immunization (MACI) Serves Important Policy Role

The Michigan Advisory Committee on Immunization (MACI) has been meeting on a quarterly basis since its formation in 1992. MACI is charged with making recommendations to the Michigan Department of Community Health on immunization-related issues.

When MACI was first formed, it focused almost exclusively on childhood immunization. That focus has since expanded to include vaccines across the lifespan.

Meetings generally address policy recommendations for the use of vaccines in Michigan. MACI served a critical role by providing MDCH with policy recommendations for the implementation of the Michigan Care Improvement Registry during the 1990s. Periodic reviews and evaluation of the epidemiology of vaccine preventable diseases in Michigan are also included in discussion.

With the highly visible responsibility for addressing immunization issues for Michigan residents, MACI members serve as liaisons between the various organizations represented on the committee and MDCH.

MACI members provide an invaluable service to Michigan residents as they advocate for effective immunization policies for the State of Michigan. In addition to attending the meetings, members frequently contribute their time and expertise to policy issues in-between meetings. The Michigan Department of Community Health is grateful for the service of the MACI members and wishes to extend its heartfelt gratitude to all current and past members of MACI.

Current membership includes representatives from the following organizations in Michigan:

- American College of Obstetrics & Gynecologists
Michigan Section
- American Academy of Pediatrics
Michigan Chapter
- Asthma Coalition
- Children's Hospital of Michigan
Ambulatory Pediatrics
- Children's Hospital of Michigan
Division of Infectious Diseases
- City of Detroit Department of Health & Wellness
Promotion, Communicable Diseases
- DMC Occupational Health Services
- Hurley Medical Center
Pediatric Education
Infectious Disease Department
- Ingham County Health Department
- Ionia County Health Department
- Kalamazoo Center for Medical Studies
Pediatrics Program
Michigan State University
- Lapeer County Health Department
- Marquette General Hospital
- Michigan Academy of Family Physicians
- Michigan Council for Maternal & Child Health
- Michigan Health & Hospital Association
- Michigan Nurses Association
- Michigan Osteopathic Association
- Michigan State Medical Society
- Muskegon County Health Department
- Nurse Administrators' Forum
- Physicians' Forum
- Sinai Grace Hospital
- University of Michigan Health System
Division of General Pediatrics
- Washtenaw County Public Health Department
- Wayne State University Medical School

NATIONAL NEWS

CDC Launches Pre-Teen Vaccine Campaign

CDC's Pre-teen Vaccine Campaign, launched on August 1, is designed to inform parents, caregivers, family physicians and pediatricians about the new ACIP vaccination recommendations for 11- and 12-year-olds. The three pre-teen vaccines include MCV4, Tdap, and the HPV vaccine (for girls).

Research shows that pre-teens generally do not get preventive healthcare, visiting the doctor only when they are sick. One goal of this campaign is to encourage parents to take their pre-teens in for the recommended 11- or 12-year-old check-up, which is endorsed by the American Academy for Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), in addition to CDC.

The campaign also seeks to provide caregivers and their health care providers with the latest information about pre-teen vaccines and the pre-teen check-up in the form of fact sheets and posters. It also includes outreach to mainstream and ethnic media, as well as the creation of partnerships with national and state organizations who reach parents and healthcare providers.

The campaign's website, www.cdc.gov/vaccines/spec-grps/preteens-adol/07gallery/default.htm, provides easy-to-understand, downloadable educational materials in English and Spanish for parents and healthcare providers about the vaccines and the diseases they prevent.

CDC Releases HPV: Gardasil and GBS Fact Sheet

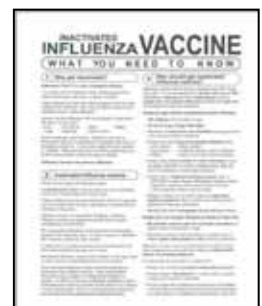
The Immunization Safety Office at the Centers for Disease Control and Prevention (CDC) has developed a fact sheet that was created in response to the National Vaccine Information Center's (NVIC's) recent press release, which called for a change to CDC's recommendations concerning human papillomavirus (HPV) vaccine. NVIC is a national group that often speaks out against vaccines. CDC's fact sheet, which emphasizes that there are no changes to any of the existing HPV recommendations and contains media talking points, is posted online at www.cdc.gov/vaccines/vpd-vac/hpv/downloads/hpv-gardasil-gbs.pdf. The two-page fact sheet is also included on pages 14-15.

Vaccine Information Statements (VIS) Update

Influenza Vaccines VIS published for 2007-08 Flu Season

Vaccine Information Statements (VIS) for both TIV and LAIV dated 7/16/07 for the 2007-2008 flu season are now available on the Michigan Department of Community Health (MDCH) website at www.michigan.gov/immunize. These VIS replace the previous version dated 6/30/2006 from last flu season.

It is possible that FDA will approve updated licensing for FluMist during this flu season - possibly before any vaccine has shipped. If this happens, a new, interim VIS for LAIV will be published. It would be prudent for providers to delay printing large quantities of the LAIV VIS until it is known whether this version will be used.



Interim Meningococcal VIS

A new interim Meningococcal VIS dated 8/16/07 is now available on the MDCH website, replacing the 11/16/06 version. The new interim VIS has been updated slightly to make it consistent with the ACIP's recent vote to recommend MCV4 for all children and adolescents 11-18 years of age, as published in an August 10, 2007 MMWR. The change affects only the first two paragraphs of Section 3 of the VIS that is dated 11/06/06; therefore, providers may use up stocks of the previous version, but should be prepared to explain the updated indication to patients. When the VIS is finalized, MDCH will print sufficient quantities for routine distribution to local health departments.

Interim Hepatitis B Vaccine Information Statement (VIS)

A new interim Hepatitis B VIS dated 7/18/07 is also now available on the MDCH website, replacing the 7/11/01 version. This updated interim VIS contains recommendations for universal birth dose. Other changes include updated incidence figures for hepatitis B infection and complications and a simplified explanation of the schedule.

CDC has instructed MDCH to use up its existing stock of the 7/11/01 version of a Hepatitis B VIS. Therefore, providers are being urged to use up their existing stock of hepatitis B VIS forms with this date.

When the VIS is finalized, MDCH will print sufficient quantities for routine distribution to local health departments. Until that time, MDCH is asking health care providers to make their own copies.

Vaccine Information Statements are Federal Law

By federal law, all vaccine providers must give patients, or their parents or legal representatives, the appropriate Vaccine Information Statement (VIS) whenever a vaccination is given. The VIS must be provided prior to vaccination. VIS inform vaccine recipients (or their parents or legal representatives) about the benefits and risks of a vaccine. While CDC develops VIS statements for all vaccines, and encourages their use, it is a legal requirement that health care providers give patients or parents a VIS only if the vaccine is covered by the National Vaccine Injury Compensation Program (NVICP). Also, the name of the statute, the National Childhood Vaccine Injury Act (NCVIA), can be confusing because the statute is not focused just on children. A vaccine receives coverage when CDC recommends a particular vaccine for routine administration to children. However, once the vaccine is in the program, the NVICP covers injuries to anyone who receives it, child or adult.

Vaccine Information Statements (VIS) are posted online at www.michigan.gov/immunize

See Page 16 for the *Important VIS Facts Flyer!*

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan versions of VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law in Michigan, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

If you have questions about Vaccine Information Statements, please contact your local health department or the Michigan Department of Community Health, Division of Immunization, at 517-335-8159.

Vaccine Delays

Merck & Co., Inc., is experiencing production delays for Pediatric and Adult hepatitis A vaccine (Pediatric & Adult VAQTA®) resulting in backorders for these products. GSK production and supply of their Pediatric and Adult hepatitis A vaccine (Pediatric & Adult Havrix®) and their Adult hepatitis A/hepatitis B combination vaccine (Twinrix®) are currently in good supply to meet demand. GSK has initiated plans to increase production of Havrix® and Twinrix®, to help ensure uninterrupted supply for the U.S. market.

In addition, the production of Varicella Zoster Virus (VZV) bulk has been temporarily suspended due to low yields. VZV bulk is used to manufacture varicella vaccine, MMR-V vaccine, and zoster vaccine. Stocks of ProQuad® (MMR-V) have been depleted as of June 15, 2007. Current projections are for adequate supply to fully implement the recommended immunization schedule for varicella vaccine for all age groups and for the recommended use of zoster vaccine.

Updates will be provided when available. As more information becomes available, it will be posted at www.cdc.gov/vaccines/vac-gen/shortages.

Packaging Changes for Sanofi Daptacel and Adacel Products

Some packaging changes have recently been made to two of sanofi pasteur's vaccines, DAPTACEL(r), Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed and ADACEL(r), Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed. These changes were made to help avoid confusion in clinics between the two vaccines. More information is available on sanofi pasteur's website at www.sanofipasteur.com.

INFLUENZA

One Mother's Story

Several years ago, Megan and Tom Bolin's 3-year-old daughter Elizabeth was hospitalized with pneumonia that had developed as a complication of flu. They nearly lost her. I recently asked Megan if she could tell me again what happened. Here is her story.

Contributed by Megan E. Wood Bolin

At Thanksgiving time, our 5-month-old Margaret had a cold and we took her to the doctor. He said it could be the flu but she was too young for the shot. He told us to watch her and also to keep an eye on our three-year-old, Elizabeth. The 5-month-old child recuperated but the three-year-old started displaying the same symptoms. We took her to the doctor and he checked her out. He gave us the advice he usually does when our children have colds (push the fluids, get lots of rest, cough suppressant at night to let her sleep). She wasn't getting better so we took her again about three days later. The doctor didn't hear anything so he sent us home. Her breathing was getting labored, very short shallow breaths, so that evening we took her to the ER. The physician said he didn't notice anything unusual but he would take a chest x-ray just to make sure. Both her lungs were full of pneumonia. She was immediately admitted to the children's ICU unit. They hooked her up to all sorts of machines, which she did not appreciate, being only 3 years old. They gave her oxygen because she wasn't getting enough just breathing. They came in regularly and put a vibrator on her chest to break up the mucus so she could cough it out. I think she also had a catheter. I believe they released her early, Christmas Eve, so we would not have to spend Christmas in the hospital.

We were worried about lasting damage. She is now almost 7 years old and active on her soccer team and in Irish Dancing. We feel that we were very blessed because if the ER physician hadn't taken that x-ray Elizabeth may not be here to tell the tale.



Share Your Stories

Do you have a story about vaccine preventable diseases to share with us? Stories like this serve as good reminders of how vital it is for everyone around us to receive the appropriate vaccines. Moreover, as health care providers and members of families and workplaces ourselves, it is imperative for us to receive all the appropriate vaccines, beginning with influenza and Tdap vaccines.

Elizabeth is now a healthy first-grader, thanks to an alert ER physician. (Elizabeth and Margaret are shown above, left to right.)

At times, it can be difficult to get passionate about morbidity and mortality data. But when you look into the face of a young child who is needlessly suffering from a vaccine preventable disease, you'll get a powerful reminder of how crucial our jobs are, and how critical it is that all of us get appropriately immunized. If you have a story, please send it to Rosemary Franklin at franklinr@michigan.gov or call 517-335-9485.

This Flu Season, Influenza Will be Responsible for 36,000 U.S. Deaths

- Get your flu vaccine this fall and every fall.
- Make sure that your patients and your family members get their flu vaccine this fall and every fall.
- The life you may save could be yours, one of your family members, or one of your patients.

"There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction." (John F. Kennedy)

Influenza Recommendations are Published for 2007-- 2008 Flu Season

Advisory Committee on Immunization Practices, MMWR 56(RR06);1-54

The new recommendations include new and updated information. Principal updates and changes include:

1. Reemphasizing the importance of administering 2 doses of vaccine to all children aged 6 months--8 years if they have not been vaccinated previously at any time with either live, attenuated influenza vaccine (doses separated by >6 weeks) or trivalent inactivated influenza vaccine (doses separated by >4 weeks), with single annual doses in subsequent years
2. Recommending that children aged 6 months--8 years who received only 1 dose in their first year of vaccination receive 2 doses the following year, with single annual doses in subsequent years
3. Highlighting a previous recommendation that all persons, including school-aged children, who want to reduce the risk of becoming ill with influenza or of transmitting influenza to others should be vaccinated
4. Emphasizing that immunization providers should offer influenza vaccine and schedule immunization clinics throughout the influenza season
5. Recommending that health-care facilities consider the level of vaccination coverage among HCP to be one measure of a patient safety quality program and implement policies to encourage HCP vaccination (e.g., obtaining signed statements from HCP who decline influenza vaccination)
6. Using the 2007--2008 trivalent vaccine virus strains A/Solomon Islands/3/2006 (H1N1)-like (new for this season), A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens

This report and other information are available at CDC's influenza website (www.cdc.gov/flu). Updates or supplements to these recommendations (e.g., expanded age or risk group indications for currently licensed vaccines) might be required. Immunization providers should be alert to announcements of recommendation updates and should check the CDC influenza website periodically for additional information.

MMWR: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm>.

Flu Recommendations: Question & Answer

(Question submitted during the CDC satellite/webcast Immunization Update course on August 9 (<http://www.cdc.gov/vaccines/ed>))

Q. If a child younger than 9 years of age received a single dose of influenza vaccine in one flu season but no vaccine in any subsequent year, should that child receive 1 or 2 doses of vaccine this influenza season? Does the number of intervening years make any difference?

A. A child younger than 9 years of age who received only one dose of influenza vaccine in their first year of influenza vaccination, will need two doses the next year that they receive influenza vaccine, even if there is a gap of years in which the child receives no influenza vaccine – as long as they are still younger than 9 years of age.

Example #1: Child younger than 9 years receives one dose of influenza vaccine in year-1, no vaccine in year-2 or year-3. The child returns in year-4 for influenza vaccine and is still younger than 9 years of age. The child needs 2 doses of influenza vaccine because this is the second influenza vaccination year.

Example #2: Child younger than 9 years receives one dose of influenza vaccine in year-1, and only one dose of vaccine in year-2. The child returns in year-3 for influenza vaccine and is still younger than 9 years of age. The child needs 1 dose of influenza vaccine because this is the third influenza vaccination year.

See page 17 for a flowchart that will help you determine the number of doses of influenza vaccine children should receive this season.

Update: Influenza Activity, 2006--2007 Season, and Composition of the 2007--2008 Influenza Vaccine

The *Morbidity and Mortality Weekly Report* (MMWR) that was published on August 10 provides an update about 2006--2007 influenza activity as well as information about the composition of the 2007--2008 influenza vaccine. In the 2006--2007 season, influenza activity peaked in mid-February in the United States and was associated with less mortality and lower rates of pediatric hospitalizations than during the previous three seasons.

Michigan's 2006-2007 influenza season can also be characterized as mild overall. The MDCH Influenza Surveillance Summary for last year's flu season is posted at www.michigan.gov/documents/mdch/MDCH2006-2007Summary_205808_7.pdf.

The Food and Drug Administration (FDA) has recommended that the 2007--2008 trivalent influenza vaccine for the United States contain A/Solomon Islands/3/2006-like (H1N1), A/Wisconsin/67/2005-like (H3N2), and B/Malaysia/2506/2004-like viruses. This represents a change only in the influenza A (H1N1) component. A/Solomon Islands/3/2006 is a recent antigenic variant of the 2006--2007 vaccine strain A/New Caledonia/20/99. The influenza A (H3N2) and influenza B components remain the same. More information can be found at www.cdc.gov/mmwr/preview/mmwrhtml/mm5631a2.htm.

MICHIGAN CARE IMPROVEMENT REGISTRY

Pretty Lake Vacation Camp Makes Immunizations a Priority with MCIR's Help

Pretty Lake Vacation Camp (PLVC) is a non-profit, community organization that has provided a cost-free summer camp experience for at-risk children in the greater Kalamazoo area since 1916. The children who attend PLVC come from very diverse backgrounds, and it is through the financial support of generous individuals and organizations that a free eight-day camp experience can be provided to these children.

Michigan law requires that camps collect the immunization records of children attending, but in many cases, records are only kept on file. However, in January 2007, Geoffrey DeTolve, M.D., Medical Director for PLVC, proposed that efforts be made to bring all camp applicants up to date for required immunizations and that the Michigan Care Improvement Registry (MCIR) be utilized to assess the immunization status of children applying for camp.



Sue Jones, Development Officer for PLVC, contacted Jane Secor, R.N., at Kalamazoo County Health and Community Services (KCHCS) to discuss the feasibility of working in partnership to provide any needed immunizations for children attending the camp during the 2007 season. Working together, they were able to use MCIR to identify the children who were not up to date with their immunizations. The MCIR immunization records of 1,268 applicants were reviewed, with 12% not up to date for immunizations required to attend school/camp. PLVC staff contacted parents of the children who needed additional immunizations by letter and/or phone. Parents were asked to provide updated records if shots had already been received but had not been entered into MCIR by their healthcare providers. Many records with missing shot data or other issues were updated in MCIR by local health department staff.

If immunizations were missing, the children could be immunized prior to their camp week at their physician's offices or at a local health department clinic. The local health department also conducted six immunization clinics at the camp orientation site for any children who were still not up to date.

All 724 children who attended PLVC were up to date for immunizations (a few children who applied had waivers for immunizations on file). From the final list of 1,268 applicants (regardless of whether the child attended the camp or not), approximately 320 immunizations were given to 166 children. These immunizations included not only those required for camp attendance, but other vaccines which are recommended for children.

PLVC and KCHCS have concluded that this was a highly successful partnership and that many children benefited from the immunization effort conducted this summer. More information on Pretty Lake Vacation Camp is available at <http://www.prettylakecamp.org>.

Share Your Photos and Stories

Do you have a success story that other Michigan health care providers would like to hear about? We would love to include more articles that feature local programs and events. Send an email our way so that we can highlight some of your best practices! Please email your photos and stories to Rosemary Franklin at franklinr@michigan.gov or call 517-335-9485.

NEW RECOMMENDATIONS

Recommendations for MCV4 are Revised

In June 2007, the Advisory Committee on Immunization Practices (ACIP) revised its recommendations for Meningococcal Conjugate Vaccine (MCV4). The revised recommendations were published in the August 10 issue of CDC's *Morbidity and Mortality Weekly Report* (MMWR), and include routine vaccination of all persons aged 11--18 years with 1 dose of MCV4 at the earliest opportunity. This recommendation replaces the previous ACIP recommendation for routine vaccination with MCV4 of children at 11 through 12 years of age, of adolescents before high school entry (approximately 15 years of age), and other people at increased risk. ACIP continues to recommend routine vaccination for persons aged 19--55 years who are at increased risk for meningococcal disease (such as college freshmen living in dorms). The complete article can be found at www.cdc.gov/mmwr/preview/mmwrhtml/mm5631a3.htm.

Varicella Vaccine Recommendations are Updated

Advisory Committee on Immunization Practices (ACIP), MMWR 56(RR04);1-40

A report published in CDC's June 22 *Morbidity and Mortality Weekly Report* (MMWR) updates the recommendations of the Advisory Committee on Immunization Practices (ACIP) concerning the prevention of varicella. The new ACIP recommendations include:

- Implementation of a routine 2-dose varicella vaccination program for children, with the first dose administered at age 12--15 months and the second dose at age 4--6 years.
- A second dose catch-up varicella vaccination for children, adolescents, and adults who previously had received 1 dose.
- Routine vaccination of all healthy persons aged >13 years without evidence of immunity.
- Prenatal assessment and postpartum vaccination.
- Expanding the use of the varicella vaccine for HIV-infected children with age-specific CD4+T lymphocyte percentages of 15%--24% and adolescents and adults with CD4+T lymphocyte counts >200 cells/ μ L.
- Establishing middle school, high school, and college entry vaccination requirements. ACIP also approved criteria for evidence of immunity to varicella.

The full report is posted online at www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm.

TRAINING OPPORTUNITIES & EVENTS

The Physician Peer Education Project on Immunization Celebrates 10 Years of Physician Education

The Physician Peer Education Project on Immunization (PPEPI) is 10 years old! The PPEPI Program, as it is known for short, is a joint venture between the Michigan Department of Community Health and Michigan State University Extension. This program is designed to bring updated immunization information to health care providers.

The PPEPI Program has experienced and knowledgeable physician trainers located throughout the state of Michigan. These trainers are dedicated to bringing up to date immunization knowledge to help Michigan physicians stay current on immunization practices. In the past 10 years, the PPEPI project has relied on over 40 physician trainers to deliver these immunization updates. During this time, the trainers have given over 550 immunization updates reaching more than 16,000 individuals who are a part of the medical field. The Physician Peer Education Project on Immunization and the Michigan Department of Community Health would like to thank the following physician trainers for their tireless work and many hours of travel.

Walid Abuhammour, MD	Hurley Medical Center
George Alangaden, MD	Harper Hospital
Charles Barone, II, MD	Henry Ford Hospital
Lynn Blavin, MD, MPH	Public Health Consultant
Sarah Campbell, MD	Portage Health System
Pranatharthi Chadrasekar, MD	Harper Hospital
Hugh Gunner Deery, II, MD	Northern Michigan Regional Health Systems
Marek Didluch, MD	Synergy Medical Education Alliance
Bernard Gonik, MD	Sinai-Grace Hospital
Robert Graham, DO, MPH	Central Michigan District Health Department
Donald Greydanus, MD	Kalamazoo Center for Medical Studies
Gary Johnson, MD, MPH	Genesee County Health Department
Theodore Jones, MD	Wayne State University
Kevin Lokar, MD, MPH	Macomb County Health Department
David Luoma, MD	Upper Peninsula Health Education Corporation
Daniel McGee, MD	DeVos Children's Hospital
Joshua Meyerson, MD	Northwest Michigan Community Health Agency
Karen Mitchell, MD	Providence Hospital
Kenneth Stringer, DO	Michigan State University
Howard Weinblatt, MD	Child Health Associates of Ann Arbor, PC

Currently, the PPEPI program has seven updates that can be brought directly to participants during grand rounds, medical staff meetings, or conferences. The updates include Pediatric, Adolescent, Adult, Family Practice, and Ob/Gyn immunization updates, as well as the latest information concerning Adult and Pediatric Influenza, and Varicella.

Call Traci Osterman at 517-353-6674 to schedule a free one-hour immunization update session or for more information.

To schedule an update for your office staff, call Carlene Lockwood at the Michigan Department of Community Health at 517-335-9070 or LockwoodC@michigan.gov.

Let's do everything we can to protect Michigan's citizens from vaccine preventable diseases.

Upcoming CDC Broadcasts, Webcasts and Netconferences

Mark your calendars for upcoming broadcasts and webcasts from CDC's National Center for Immunization and Respiratory Diseases (NCIRD):

- October 11, 2007, 12 Noon - 1:00 PM, Travel Health Issues Including Malaria
(If you are interested, go to www.cdc.gov/vaccines/ed today to register for this free netconference; participants must be pre-registered and space is limited.)
- December 13, 2007, Surveillance of Vaccine-Preventable Diseases (Satellite Broadcast & Webcast)

More information about these and other training opportunities is posted online at www.cdc.gov/vaccines/ed.

ADDITIONAL RESOURCES

Resources Offer Up-to-Date Immunization Information

Stay current with the help of these outstanding online resources:

- AIM Provider Toolkit – www.aimtoolkit.org
- CDC (new) Vaccines & Immunization website – www.cdc.gov/vaccines
- CDC Morbidity and Mortality Weekly Report (MMWR) – www.cdc.gov/mmwr
- ACIP Recommendations – www.cdc.gov/vaccines/pubs/ACIP-list.htm
- IAC Express – www.immunize.org/express
- MDCH Immunization Resources – www.michigan.gov/immunize
- MDCH Influenza program – www.michigan.gov/flu
- MDCH Perinatal Hepatitis B Prevention Program – www.michigan.gov/hepatitisB
- Michigan Care Improvement Registry – www.mcir.org
- HIV/STD/Hepatitis in Michigan – www.michigan.gov/hivstd **(New website!)**

Free Brochures are Available at the Health Promotions Clearinghouse

The Michigan Department of Community Health offers a wide range of free brochures and materials for your patients at its Health Promotions Clearinghouse.

These are just some of the brochures that you will find:

- Protect Babies and Toddlers from Serious Diseases
- Are you 11-19 years old – brochure for teens
- Keep Your Family Safe from the Flu
- If you have Diabetes, Getting a Flu Shot is a Family Affair
- Shots for your Child (about the Vaccines for Children program)
- Adult Immunizations brochure
- Hepatitis B: What Parents Need to Know
- The Dangers of Hepatitis B
- Hepatitis, What you need to know
- Antibiotics: What You Should Know



Place your free order at www.healthymichigan.com or call 1-888-76-SHOTS.

Fact Sheets Available for Your Patients

The Vaccine Education Center at the Children's Hospital of Philadelphia recently published a two-page education sheet titled, "Shingles: What You Should Know." It answers the most frequently asked questions about shingles and the vaccine, and is intended for patients and providers.

The following education sheets are also available, free of charge:

- Influenza: What You Should Know (updated, Fall 2007)
- Meningococcus: What You Should Know (updated, Summer 2007)
- Human Papillomavirus: What You Should Know
- Tdap: What You Should Know
- Hepatitis A: What You Should Know
- Thimerosal: What You Should Know
- The Facts About Childhood Vaccines
- Rotavirus: What You Should Know
- Pandemic Flu: What You Should Know



The materials come in tear pads containing 50 sheets and are available in English and Spanish. Healthcare professionals can order two pads (100 sheets) of each title in each language free-of-charge by contacting the Center in one of the following ways:

- Phone at 215-590-9990
- Email at vaccines@email.chop.edu (please do not reply to this newsletter to order)
- Fax at 215-590-2025
- Online at <http://vaccine.chop.edu> (select "order educational materials")

CDC Publishes 2008 Edition of Yellow Book for Travelers

A free online version of the 2008 edition of CDC Health Information for International Travel (also known as the Yellow Book) is now available online at <http://wwwn.cdc.gov/travel/contentYellowBook.aspx>.

CDC's Yellow Book is published every two years and includes information about recommended vaccines for global travel. The Yellow Book is written primarily for health care providers, although others might find it useful. Hard copies of the Yellow Book are available for sale at most major bookstores or can be purchased online at www.us.elsevierhealth.com/product.jsp?isbn=9780323048859.

Perinatal Hepatitis B Prevention Program Manual Posted Online

The new Michigan Department of Community Health (MDCH) Perinatal Hepatitis B Prevention Program Manual was completed and mailed to providers' offices in March. The manual has also been posted on the MDCH website at: www.michigan.gov/hepatitisB.

If you have questions, please contact the Perinatal Hepatitis B Prevention staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

The *Michigan Immunization Update* Newsletter

The *Michigan Immunization Update* newsletter is distributed electronically through an immunization listserv. Past issues are posted on the Michigan Department of Community Health website at www.michigan.gov/immunize under the *Provider Information* section.

If you have any questions about the *Michigan Immunization Update*, please contact Rosemary Franklin at franklinr@michigan.gov or 517-335-9485.

HPV: Gardasil and GBS

CDC/Office of the Chief Science Officer/
Immunization Safety Office

Fast facts that address statements made in a press release by the National Vaccine Information Center on 08/15/07 regarding Gardasil and Guillain-Barre Syndrome (GBS).

Fast facts:

The Vaccine Adverse Event Reporting System (VAERS) is a national program that monitors the safety of vaccines after they are licensed. VAERS is managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS is designed to collect reports of potential adverse events following immunization. VAERS reports can be submitted by anyone. When evaluating data from VAERS, it is important to note that for any reported event, no cause and effect relationship has been established. VAERS is interested in all potential associations between vaccines and adverse events. Therefore, VAERS collects data on any adverse event following vaccination, be it coincidental or truly caused by a vaccine. The report of an adverse event to VAERS is not documentation that a vaccine caused the event, nor is VAERS designed to calculate absolute or relative risks. **Please Note:** VAERS defines “serious adverse events” by Code of Federal Regulations as involving hospitalization, death, disability, life threatening illness, or certain other medically important conditions. Also, VAERS data is continuously updated and the number of reports will vary from the date of an analysis.

VAERS reports related to Gardasil:

Since the licensure of Gardasil, more than 7 million doses of vaccine have been distributed. As of June 30, 2007, VAERS had received a total of 2531 reports. Nearly 95% of the reports received to date have been classified as non-serious. The number of serious adverse events reported is less than 6% of the total number of reports received. In comparison, the overall average in VAERS for any serious adverse event ranges from 10% - 15%; thus, the percentage of serious reports for Gardasil are less than half of the overall average.

At this time the U.S. does not have a national registry for immunization and vaccination and therefore can not report the total number of persons who have received Gardasil.

CDC’s review of VAERS reports concerning Gardasil and GBS:

As of June 30 2007, VAERS had received 13 reports concerning GBS after Gardasil. These 13 GBS reports are currently undergoing expert review. Our efforts to date are below:

- Only 2 meet the case definition of GBS, occurred within six weeks after vaccination, and had received Gardasil alone.
- Six of the 13 reports also involved simultaneous receipt of Menactra vaccine. Current studies are underway to evaluate the small increased risk of GBS, which might be associated with receipt of Menactra vaccine.
- Six of the 13 reports occurred after Gardasil was given alone (without any other vaccine).
- Thirteen reports of GBS are within the numbers of reports that could be expected to occur by chance alone after a vaccination.
- As of June 30 2007, there have been seven deaths reported after Gardasil vaccine. These reports are currently being investigated.

After a careful review of the GBS reports received by VAERS, many appear to have insufficient clinical data. Because GBS occurs at a rate of 1-2/100,000 person years during the second decade of life, it is likely that, some cases will occur after vaccination but will not be due to vaccination. A temporal association does not confirm a causal association. In summary, the number of serious adverse events has been relatively very rare, in the context of more than 7 million doses distributed across the U.S.

Approximately 90% of the reports received by the VAERS regarding Gardasil do not involve co-administration of another vaccine. The recommendation of co-administration is consistent with the General recommendations of the Advisory Committee on Immunization Practices (ACIP).

Scientists recognize the potential for syncope (fainting) after any medical procedure involving a needle and therefore recommend a 15 minute waiting/observation period after all vaccines. Syncope after vaccination is most common in adolescent and young adults and has been reported after other vaccines. About 50% of young adults experience at least one syncope episode at some point in their lives.

In conclusion, there are no changes to any of the existing HPV recommendations.

Additional resources and links:

Quadrivalent Human Papillomavirus Vaccine (HPV4): United States Post-licensure Safety Update.

Presented by John Iskander, MD, MPH

Immunization Safety Office, Office of the Chief Science Officer, CDC

<http://www.cdc.gov/vaccines/recs/acip/downloads/mtg-slides-jun07/35-hpv3-iskander.pdf> The PDF can also be found at: <http://www.cdc.gov/vaccines/recs/acip/>


The Advisory Committee on Immunization Practices (ACIP), Vaccine for Children Program, Vaccine to Prevent Human Papillomavirus (HPV) Infection. The link below is a PDF of the ACIP Resolution No. 6/06-2

<http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/0606hpv.pdf> The PDF can also be found at: <http://www.cdc.gov/vaccines/programs/vfc/>

CDC Questions and Answers (Qs & As) Concerning the Safety and Efficacy of **Gardasil®**, dated: June 4, 2007. The link list is a PDF with the top 7 Qs & As. [HPV Vaccine- Q&A Concerning Safety and Efficacy of Gardasil](#) Additional information and the PDF can also be found at: <http://www.cdc.gov/vaccines/vpd-vac/hpv/>

Vaccine Testing and the Approval Process: this link will describe vaccine development and testing such as basic research, clinical studies, side effects and adverse reaction. For additional information please visit:

<http://www.cdc.gov/vaccines/resdev/test-approve.htm>

HPV and HPV Vaccine: Information for Healthcare Providers. This PDF is a fact sheet that provides an overview of HPV including information on Safety and Efficacy. [Hi-resolution print version](#)  (6.4MB).

Additional information and the PDF can also be found at: <http://www.cdc.gov/std/HPV/>

Quadrivalent HPV Vaccine: Efficacy and Provisional Recommendations. Presented by Lauri Markowitz, MD, National Centers for HIV, Viral Hepatitis, STD and TB Prevention, CDC

<http://www.cdc.gov/vaccines/ed/ciinc/archived/hpv/downloads/3-HPV.ppt> Additional information and the PDF can also be found at: <http://www.cdc.gov/vaccines/ed/ciinc/>

Infectious Diseases in Children: *What's Hot in Pediatric ID*. Article: Severe adverse events associated with HPV vaccine are rare – August 2007, Volume 20.Number 8: 23 -24.

Important Vaccine Information Statement (VIS) Facts

VIS now posted on MDCH website

The English language Vaccine Information Statements (VIS) are now posted on our website. We are also in the process of posting the foreign language VIS.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan version of the VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

www.michigan.gov/immunize

Foreign Languages

The VIS are available in 34 foreign languages. They include information about MCIR. When the foreign language VIS is not the most current version, parents should also be given the current English version. To receive the VIS in a foreign language, call the MDCH Division of Immunization at 517-335-8159.

We are currently in the process of posting the foreign language VIS on the MDCH website. The foreign language VIS will be posted at www.michigan.gov/immunize.

VIS documentation procedures

By noting the version date of the VIS on the patient's vaccine administration record, the provider is indicating that the parent and/or patient received the most current information about the vaccine. To document this, the provider must note in the patient's medical record the date the VIS was given and the version date of the VIS.

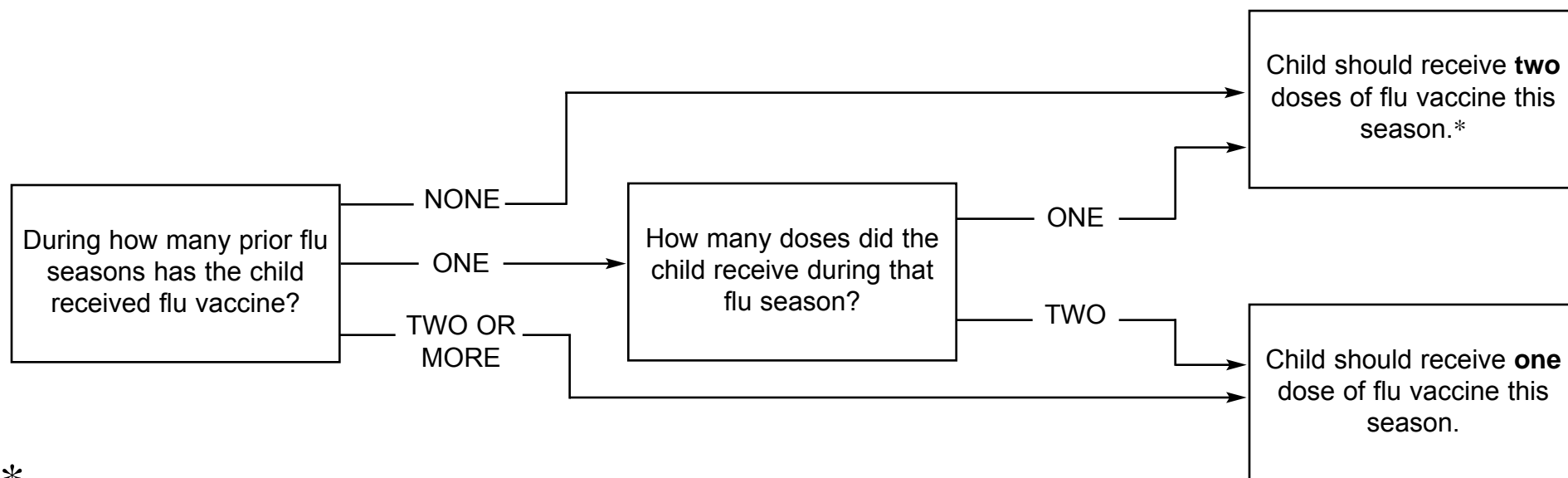
VIS Version Dates (as of 8/16/07)

VIS	Current Version Date	New Version Dates
HPV	Interim 2-2-07	
Hep B	Interim 7-18-07	
DTaP	5-17-07	
Td	6-10-94	
Tdap	Interim 7-12-06	
Hib	12-16-98	
IPV	1-1-00	
MMR	1-15-03	
VAR	Interim 1-10-07	
PCV	9-30-02	
PPV23	7-29-97	
Hep A	3-21-06	
TIV (Flu)	Updated annually	7-16-07
LAIV (Flu)	Updated annually	7-16-07
Meningococcal* (MCV4 & MPSV4)	Interim 8-16-07	
Rota (Rotavirus)	Interim 4-12-06	
Zoster (Shingles)	Interim 9-11-06	
Japanese Encephalitis	5-11-05	
Rabies	1-12-06	
Typhoid	5-19-04	
Yellow Fever	11-09-04	

VIS are available in 34 foreign languages

Albanian	Haitian Creole	Punjabi
Amheric (Ethiopia)	Hindi	Romanian
Arabic	Hmong	Russian
Armenian	Ilokano	Samoa
Bosnian	Italian	Serbo-Croatian
Burmese	Japanese	Somali
Cambodian	Korean	Spanish
Chinese	Laotian	Tagalog
Croatian (Serbian)	Marshallese	Thai
Farsi	Polish	Turkish
French	Portuguese	Vietnamese
German		

Recommended Doses of Influenza Vaccine This Season for Children 6 Months through 8 Years of Age



*

- If the first dose is TIV, the second dose should be given at least 4 weeks later, regardless of whether the second dose is TIV or LAIV.
- If the first dose is LAIV, the second dose should be given at least 6 weeks later, regardless of whether the second dose is TIV or LAIV.